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AUTHORIZATION OF	AGENT

Application Number		`
Filing Date		
First Named Inventor	David R. Johnson et al.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	T-6069	

		Attorney						_
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<i>OR</i> ⊠ Practiti	oner(s) nam	ned below:			aber ner			
24 20110		Name		Registration	Number			
		W. Keith Turner		26,81	3]	
		A H. Uzzell		27,60	2		1	
		James W. Ambrosius		27,70	5			
		or agent(s) to prosecute the application ected therewith.	identifie	d above, and to tra	nsact al	business I	in the Patent and	
Please ch	ange the co	orrespondence address for the above-i	dentified	application to:				
		oned Customer Number.		Γ	Place C	Sustomer		
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Practiti OR	oners at Cu	stomer Number		L				
Firm <i>or</i>	ual Name	ChevronTexaco Corporation						
Address		Law Department, Intellectual Proper	ty Unit					
Address		P.O. Box 6006						
City		San Ramon	State	CA	ZIP	94583-08	306	
Country		U.S.A						
Telephone		(925) 973-4503	Fax	(925) 973-4490				
☐ Assi	J	or. ord of the entire interest. See 37 CFR 37 CFR 3.73(b) is enclosed. (Form P		s).				
CONTI	,0010 071001	SIGNATURE of Appli	-		d			
Name	Christon	oher A. Simmons						
Signature	1/1/	f a &						
Date	July 1	30/2002						
NOTE Sig	natures of	all the inventors or assignees of rec	ord of the	e entire interest or	their re	presentativ	ve(s) are require	d.
Submit mu	Itiple forms	if more than one signature is requir	ed, see l	pelow*.				

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<i>OR</i> ⊠ Practiti	oner(s) nam	ned below:		L	Lauei IIei		
Z	23.(0)	Name		Registratio	n Number		
		W. Keith Turner 26,816					
		A.H. Uzzell		27,6	502		
		James W. Ambrosius		27,7	705		
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as my/our a Trademark	attorney(s) o Office conn	or agent(s) to prosecute the application ected therewith.	identifie	d above, and to t	ransact all	business in	n the Patent and
Please ch	ange the co	orrespondence address for the above-io	dentified	application to:			
	bove-menti	oned Customer Number.				Sustomer	
OR Practitioners at Customer Number OR Number Bar Code Label here							
Firm <i>or</i>	ual Name	ChevronTexaco Corporation					
Address		Law Department, Intellectual Property	y Unit				
Address		P.O. Box 6006					
City		San Ramon	State	CA	ZIP	94583-08	06
Country		U.S.A.					
Telephone		(925) 973-4503	Fax	(925) 973-4490)		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
	****	SIGNATURE of Applic			ord		
Name	David R	. Johnson					
Signature	Destr	rhi					
Date	30	James Zeer		A			
NOTE: Sig	natures of a	all the inventors or assignees of reco if more than one signature is require	rd of the	e entire interest of nelow*	or their re	presentativ	ve(s) are required.
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AUTHORIZATION OF AG	ENT

Application Number	
Filing Date	
First Named Inventor	David R. Johnson et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	T-6069

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⊠ Practitio	ner(s) nam	ed below:			L				
		Name			Registratio	n Number			
		W. Keith T	urner		26,8	316			
		A.H. Uzz	zell		27,6	502			
		James W. An	nbrosius		27,7	705			
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Address		P.O. Box 6006							
City		San Ramon		State	CA	ZIP	94583-08	06	
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Telephone		(925) 973-4503		Fax	(925) 973-449)	<u></u> "		
I am the:									
l — ··	ant/Invent								
			terest. See 37 CFR						
Certific	ate under	37 CFR 3.73(b) is	enclosed. (Form PT	O/SB/96)				
		sı	GNATURE of Applic	ant or A	ssignee of Rec	ord			
Name	Donald	H. Mohr							
Signature	Don	uld 9	noh						
Date	11	31/02							
NOTE: Sign	atures of	all the inventors of	or assignees of reco	ord of the	e entire interest	or their re	presentativ	/e(s) a	re required.
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AUTHOR	RIZATIO	N OF	AGEN	ΙT

Application Number		
Filing Date		
First Named Inventor	David R. Johnson et al.	
Group Art Unit		
Examiner Name		
Attorney Docket Number	T-6069	

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	ner(s) nam	ed below:						
		Name	Э		Registration	Number]
		W. Keith Turner 26,816						:
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⊠ Firm <i>or</i> Individu	ıal Name	ChevronTexaco	Corporation					
Address		Law Departmen	nt, Intellectual Propert	y Unit				
Address		P.O. Box 6006						
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		s	IGNATURE of Applic	ant or A	Assignee of Reco	rd		
Name	Stepher	J. Miller						
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NOTE: Sign	natures of	all the inventors	or assignees of reco	ord of the	e entire interest c nelow*.	r their re	presentati	ve(s) are required
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POWER O	F ATTOR	NEY OR
AUTHORIZ	ATION O	F AGENT

Application Number Filing Date David R. Johnson et al. **First Named Inventor** Group Art Unit **Examiner Name** T-6069 Attorney Docket Number

I hereby appoint:								
Practitioners at Customer Number OR				Number I Label hei				
	ner(s) nam	ed below:						
	Name Registration Number							
		W. Keith Turner 26,816						
	A.H. Uzzell				27,602			
		James W. Ai	mbrosius		27,705			
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as my/our a Trademark	as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.							
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OR Practitioners at Customer Number OR Number Bar Code Label here								
Firm or Individu	ial Name	ChevronTexaco Corporation						
Address		Law Department, Intellectual Property Unit						
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City		San Ramon		State	State CA ZIP 94583-0806			306
Country		U.S.A.						
Telephone		(925) 973-4503	3	Fax	(925) 973-449	0		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name Stephen K. Lee								
Signature	Let Das							
Date 1/30/02								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.								
Submit multiple forms if more than one signature is required, see below*.								

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number First Named Inventor	T-6069 David R. Johnson et al.		
		COMPLETE IF KNOWN			
		Application Number	1		
Cubinition City	☐Declaration Submitted after Initial	Filing Date			
	Filing (surcharge	Group Art Unit			
	(· //	Examiner Name			

	 					
As a below named inventor, I hereby declare that:						
My residence, post office address, and citizenship are as stated below next to my name.						
I believe I am the original and f	I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled					
PROCESS FOR UPGRADING FISCHER-TROPSCH PRODUCTS USING DEWAXING AND HYDROFINISHING					à	
the specification of which	(Title of the	e Invention)				
OR						
was filed on (MM/DD/	YYYY)	as United States App	olication Number or	PCT Internationa	l ,	
Application Number	and v	was amended on (MM/DD/Y)	m	(ıf	applicable)	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1 56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed						
Prior Foreign Application	0	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy		
Number(s)	Country			YES	NO	
None			ᆜ	닏	닏	
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Additional foreign applica	tion numbers are listed on a su	pplemental priority data shee	t PTO/SB/02B atta	ched hereto		

[Page 1 of 3]

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DECLARATION — Utility or Design Patent Application Direct all correspondence to. Customer Number OR Correspondence address below or Bar Code Label ChevronTexaco Corporation Law Department, Intellectual Property Unit Name P O Box 6006 Address 94583-0806 CA San Ramon ZIP State City (925) 973-4503 (925) 973-4490 USA. Telephone Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Family Name Johnson David R. Given Name or Surname (first and middle [if any]) Inventor's 1-30-2002 Date Signature U.S.A. U.S.A. CA Petaluma Citizenship State Country Residence: City 7 Azalea Court **Mailing Address** U.S.A. CA 94954 Petaluma Zip Country State City A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name Christopher A. or Surname (first and middle [if any] Inventor's 1-30-2002 Date Signature CA U.S.A. U.S.A El Cerrito Citizenship State Country Residence: City 7425 Fairmont Avenue **Mailing Address** U.S.A. 94530 CA El Cerrito

Additional inventors are being named on the attached supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

State

Zip

Country

control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if an	у:	☐ A petition has been filed for this unsigned inventor				
Given Name (first and mi	ddle [ıf any])	Fai	mily Name or Surname			
Donald H	_	Mohr				
Inventor's Signature Tonald	J. Moh		Date 1/31/02			
Residence: City Orında	State CA	Country USA.	Citizenship U.S A.			
Mailing Address 39 Las Palomas						
Mailing Address						
City Orinda	State CA	<u>ZIP</u> 94563	Country USA.			
Name of Additional Joint Inventor, if a	ny:	☐ A petition has been filed for this unsigned inventor				
Given Name (first and m	iddle [if any])	Fa	Family Name or Surname			
Stephen J.		Miller	Miller			
Inventor's Staphen &	Mille		Date 1/30/02			
Residence: City San Francisco	State CA	Country U.S.A.	Citizenship U S.A.			
Mailing Address 520 45 th Avenue	9					
Mailing Address						
City San Francisco	State CA	Zip 94121 Country USA.				
Name of Additional Joint Inventor, if a	ny:	A petition has been file	d for this unsigned inventor			
Given Name (first and n	nddle [if any])	F	Family Name or Surname			
Stephen K	Lee					
Inventor's Signature	<i>la</i>		Date 1/30/02			
Residence: City Oakland	State CA	Country U.S.A	<u>Citizenship</u> U.S.A.			
Mailing Address 5629 Merriewo	od Drive	Drive				
Mailing Address						
City Oakland	State CA	<u>Zip</u> 94611	Country USA			

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